

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175340</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/21/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDERSGATE VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 SW ALBRIGHT DR TOPEKA, KS 66614</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	INITIAL COMMENTS  The following citations represent the findings of a Health Resurvey.	S 000			
S1166 SS=E	26-40-303 (h)(1)(B)(i)(ii)(iii)(iv)(C) P E - Nursing facility support system  (B) Each nursing facility shall have an emergency call button or pull cord located next to each resident-use toilet, shower, and bathtub that, if activated, will initiate all of the following:  (i) Produce a repeating audible signal at the nurses ' workroom or area or activate the portable electronic device worn by each required staff member with an audible tone or vibration;  (ii) register a visual signal on an enunciator panel or monitor screen at the nurses ' workroom or area, indicating the location or room number of the toilet, shower, or bathtub;  (iii) produce a rapidly flashing light adjacent to the corridor door at the site of the emergency or activate an electronic portable device worn by each required staff member, identifying the specific resident or room from which the call has been placed; and (iv) produce a rapidly flashing light and a repeating audible signal in the nurses ' workroom or area, clean workroom, soiled workroom, and medication preparation rooms or activate the portable electronic device worn by each required staff member with an audible tone or vibration.  (C) The administrator shall implement a policy to ensure that all calls activated from an emergency location receive a high-priority response from staff.	S1166			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175340</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/21/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ALDERSGATE VILLAGE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 SW ALBRIGHT DR TOPEKA, KS 66614</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S1166	<p>Continued From Page 1</p> <p>This Requirement is not met as evidenced by: K.A.R. 26-40-303(h)(1)(B)(1V) K.A.R. 26-40-303(h)(1)(B)</p> <p>The facility identified a census of 186 residents. Based on observation and interview the facility failed to provide an audible call signal in 2 soiled and 1 clean utility rooms on 1 of 8 units for 1 of 4 days onsite of the survey and failed to provide emergency call system in resident showers for 1 of 8 units for 4 of 4 days onsite of the survey.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 11-12-13 at 9:07 A.M. during the initial tour, observation revealed the call light did not sound in 2 soiled utility rooms and in one clean utility room.</li> </ul> <p>On 11-12-13 at 9:35 A.M. housekeeping/maintenance staff Z went into the soiled utility room on Eastminster and stated when a resident's call light came on, then it should sound in the soiled and clean utility rooms. The resident call light was not audible in the soiled utility room.</p> <p>The facility failed to ensure there was an audible call system in the soiled/clean utility rooms on one unit.</p> <ul style="list-style-type: none"> <li>- On 11-12-13 at 2:57 P.M. observation revealed resident #276 's bathroom with a shower. The shower lacked an emergency call system within reach.</li> </ul> <p>On 11-13-13 at 10:25 P.M. observation revealed resident #277 's bathroom with a shower. The shower lacked an emergency call system within reach.</p>			S1166			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175340</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/21/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDERSGATE VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 SW ALBRIGHT DR TOPEKA, KS 66614</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S1166	Continued From Page 2  On 11-19-13 at approximately 10:30 A.M. during the environmental tour, interview with housekeeping/maintenance staff AA stated staff stayed with the residents while they showered and they were not left alone.  The facility failed to provide an emergency call system by the showers for resident use.	S1166			
S1170 SS=D	26-40-303 (h)(1)(G)(i)(ii)(iii) P E - Nursing facility support system  (G) If a nursing facility uses a wireless system to meet the requirements of paragraphs (h)(1)(A) through (E), all of the following additional requirements shall be met:  (i) The nursing facility shall be equipped with a system that records activated calls.  (ii) A signal unanswered for a designated period of time, but not more than every three minutes, shall repeat and also be sent to another workstation or to staff that were not designated to receive the original call.  (iii) Each wireless system shall utilize radio frequencies that do not interfere with or disrupt pacemakers, defibrillators, and any other medical equipment and that receive only signals initiated from the manufacturer ' s system.  This Requirement is not met as evidenced by: The facility had a census of 186 residents. Based upon observation and interviews the facility failed to ensure the wireless call system functioned for 27 residents who resided on Westminster for 1 of 4 days onsite.	S1170			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175340</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/21/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDERSGATE VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3220 SW ALBRIGHT DR TOPEKA, KS 66614</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S1170	<p>Continued From Page 3</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 11/13/13 at approximately 9:35 A.M. observation revealed when residents' call lights were activated there was a 2 and a half minute delay before the call signal reached a staff's beeper to alert them a resident activated his/her call light. Observation also revealed not all of the call light signals on the hall activated the staff beeper.</li> <li>On 11/13/13 at approximately 9:40 A.M. direct care staff T said the wireless call light system was up and down and currently it did not function correctly.</li> <li>On 11/13/13 at 11:15 A.M. administrative staff C stated the wireless call light system on Westminster Unit was working. Administrative staff C stated a wire dislodged which caused the call light system not to function. Administrative staff C stated when residents activated the call light, the signal went to the pagers of the direct care staff and the licensed nurse assigned to the unit. Administrative staff C stated if the signal went unanswered for 3 minutes the signal repeated back to the same workstation and to the same staff that received the original call.</li> <li>The facility failed to ensure the wireless call system functioned at all times and also failed to ensure if a signal went unanswered for 3 minutes the signal progressed to another workstation not designated to receive the original call.</li> </ul>	S1170			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.